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The Brazilian Government's mistakes in responding to the COVID-19 pandemic

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It is unfortunate to read the unsubstantiated and misguided opinion of a few physicians about the role of the current administration during the COVID-19 crisis in Brazil.¹ For those of the international scientific community who base their understanding on reliable data, the conclusion that Brazil has shown one of the worst responses to the pandemic is unequivocal.² The gravity of the pandemic in Brazil is evidenced by the current epidemiological facts: Brazil is among the three countries with the largest number of confirmed cases (more than 5 million as of Oct 15, 2020, according to WHO), with high mortality,³ evidence of underreporting,³ and a high number of deaths among health professionals, pregnant women,⁴ and the indigenous population.

The federal government's denial of science and, consequently, of the seriousness of the pandemic to the health and wellbeing of Brazilians has led to a failure to coordinate, promote, and finance internationally sanctioned public health measures. The ministry of health has not developed a national plan to combat the pandemic,³ nor has any other federal government agency. States and municipalities continue to be neglected and receive insufficient assistance. Influenced by political interests, the federal government has disrupted the flow of financial transfers and slowed the deliveries of essential supplies to certain regions. Furthermore, Brazil's public health system, Sistema Único de Saúde (SUS), is the largest in the world and provides universal coverage without any cost to patients. It is accessible nationwide and

provides community-based primary health care to more than 70% of the population. Yet, primary health care has been overlooked by the federal government as a key element in this public health crisis response. Financial emergency aid to the most vulnerable populations was gravely delayed, insufficient, and cumbersome to obtain. Moreover, the federal administration denies international recommendations for non-pharmacological interventions, refusing to establish a national mandate for social isolation and mask use.

It is necessary to analyse the Brazilian Government's response to the COVID-19 pandemic based on trustworthy knowledge built upon scientific facts. The negative effects of governmental decisions represent important risks to the health of Brazilians and for the pandemic's global situation. A coordinated political response guided by social justice and evidence-based knowledge is essential to managing any public health emergency, especially one with as broad economic and health impacts as COVID-19. Regrettably, this is not what is happening in Brazil.

We declare no competing interests.

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- 4 Takemoto MLS, Menezes MO, Andreucci CB, et al. The tragedy of COVID-19 in Brazil: 124 maternal deaths and counting. *Int J Gynaecol Obstet* 2020; published online July 9. <https://doi.org/10.1002/ijgo.13300>.

Improving and protecting health in England needs more than the NHS

We welcome the Editors¹ call for a long-term strategy for a resilient health system for England. However, the Editors do not seem to recognise that the system to protect and improve the health of the population is led by local authorities and Public Health England, not the National Health Service (NHS). Local authorities and Public Health England lead communicable disease control and have led regional and local responses to the pandemic. The NHS has not, because it has not been responsible for health protection and health improvement since the 2012 Health and Social Care Act. Meanwhile, the local authority public health grant fell by £850 million (in real terms) from 2015 to 2019, and despite an increase in March, 2020, it is still not at 2015 levels.

Another key issue that the Editorial does not mention is social care, which is a key part of the health system. A long-term strategy must aim to achieve a resilient health system that includes and coordinates social care and public health agencies as well as the NHS. If we do not conceptualise the health system more broadly, and ensure the different parts work together effectively, the strategy might just be a sticking plaster, rather than a real attempt to build a system that prioritises prevention and disease control in addition to offering efficient and compassionate services, and that is worthy of one of the richest countries in the world.

We declare no competing interests.

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- 1 The Lancet. Building a resilient NHS, for COVID-19 and beyond. *Lancet* 2020; **396**: 935.

For the 2012 Health and Social Care Act see <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

For WHO COVID-19 updates see <https://covid19.who.int/>

For more on COVID-19 in Brazil's indigenous population see <https://apiboficial.org/?lang=en>